## **ATTACHMENT G1**

## **FIGURES**

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						CEPTION SYMB						
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PRO-Pro	had By rear Year Dis-	PR - Professional Books PP - Professional	service Manhaginal	OH- Origonal CU- Contents of	G-G: L-La M-M-	erred SC	Streetsheet	S - Stretched T - York W - Bedy Work		1. Arm 2. Sotton 3. Corner 4. Front 5. Left	7. Rear 8. Right 9. Sale 10. Rep 11. Veneur	16), brunk be
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HT ABOV	E IF FOR	RANY REASON YOU	WERE NOT GIVEN OPPO	ORTUNATY TO	INSPECT THIS SH	IPMENT, YOU	SHOULD CA	LL THIS TOLL FREE	MARKER	800-3	48-3746.	
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Figure G1-1. Household Goods Descriptive Inventory

PACKING LIST O	F HOUSEHO	LD GOODS						Page 1 of
SHIPPING ACTIV	/ITY	OWNE	ER (Na:	me)		(Rank or rate)		
PACKED BY		LOTN				DATE		
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		mpiete address	'/					
METHOD OF SH	IPMENT							
					[			
Rail (LCL)	Air Freigl	ıtIV	lotor F	re ig h t	Į	Water		Other
								(S pecify)
Container	*Type of	Conten	ts	Inv	Wt.		ocation	Cubic
No.	Container			No.	(Lbs.)	1	of	feet
						Co	ondition	
			*1	ABBREVIA	TIONS			
FOR TYPE OF CONT.	AINER:		E	XCEPTION SY	MBOLS		LOCA	ATION SYMBOLS
NW - Nailed Wood	BR - Broker		F-Fa	de d		R - Rubbed	B - Bottom	RT - Right
FB - Fiber Board	BU - Burned	l	G - G	ouged		SC - Scratched	C - Comer	S- Side
OC - Open Crate	CH - Chippe			Good Conditio		SO - Soiled	F - Front	TOP- Top
BRL - Barrel	CU - Conter		L-Lo			T - Torn	LEF- Left	LG-Leg
HGCC - Household Go	1	ns Unknown	M - b			Z - Cracked	RE-Rear	V - Veneer
Consolidated C	rate D - Dented		иW-	Normal Wear		OR - Owner's Risl	k	

Figure G1-2. Packing List of Household Goods

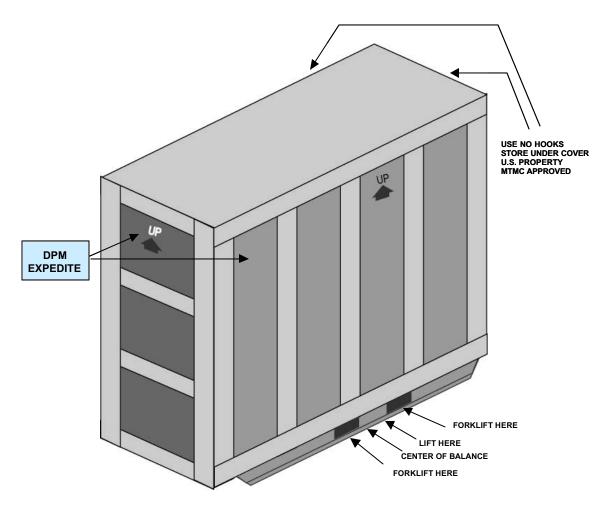


Figure G1-3. Location of Permanent Markings on ASTM-D4169-01 Wood HHG Box

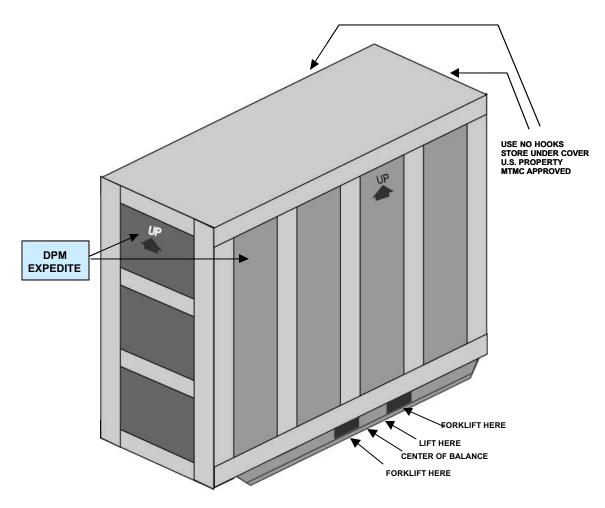


Figure G1-4. Location of Permanent Markings on MIL-STD-1489 HHG Box

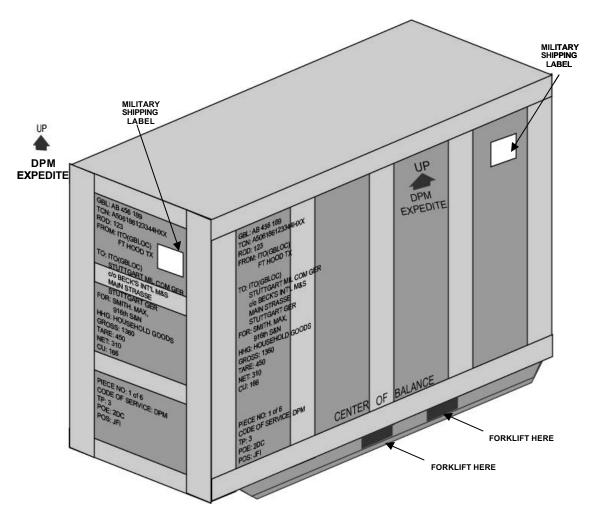


Figure G1-5. Container Marking for Household Goods

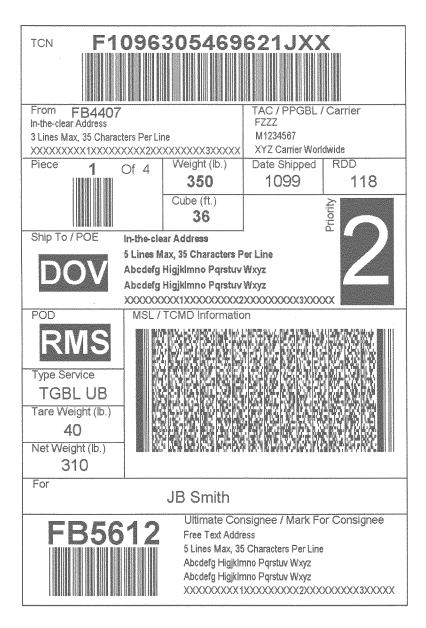


Figure G1-6. Military Shipping Label for Personal Property

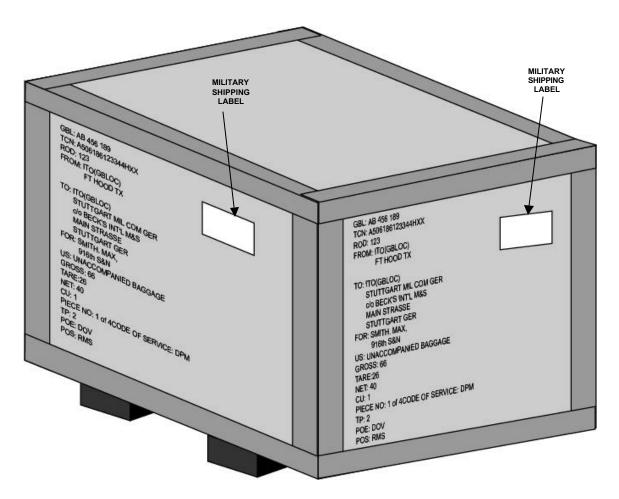


Figure G1-7. Markings of Unaccompanied Baggage

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<del></del>		JOINT ST			OR DAMAGE AT Statement	DELIVERY	
AUTHOR	NITY:	The requests 301, 31 U.S.C	ed informat	ion is so		one or more of the	ne following: S U.S.C. mber 1943 (SSN).
	E PURPOSE(S):				be used in evaluat	2	
	USE(S):	destruction	of personal	propert	y and recovery fror	n liable third part	
DISCLOS		may delay o	r otherwise	hinder t	the payment of you	er claim.	r to execute the form
signature sign a bl. 1840R w	e of the member ank or partially of till be provided	or member's completed Di the member mage is involved	s agent. The D Form 1840 or member ved, write "	e memb 0. Three 's agen NONE"	er or member's ag completed copies it by the carrier's in description colu	gent will not, und s of DD Form 1840 /contractor's rep mn.	1840 and obtain the er any circumstances, and blank DD Forms resentative for each
<u> </u>	and the same of th	W	ON A - GENER		completed by carrieric AL SECURITY NO.		7
	OF OWNER (Last, First			2. 500			4. NET WT OF SHIPMENT
	OF SHIPMENT (Oty )		,			SHIPMENT (City and Si	
	ORDER NUMBER		KUP DATE		9. NAME AND ADDR	ESS OF CARRIER/CON	TRACTOR
10. CODE (	OF SERVICE 11. SC	AC 12, CA	RRIER/CONTR	REF. NO.			
					ed jointly by member a		
received subject to	in condition as : o further inspect	shown below ion and notif	and the cl	laim, if he clain	any, will be made	for such loss or days by DD Form	dat the shipment was damage as indicated 1840R found on the DNTROL ONLY.
a. Inv. No.	b. Name of item	le le	Description of	of loss or	damage (If missing, so	indicate)	
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		<del></del>					
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						The state of the s	
	WLEDGMENT BY MI ble and sign below)	EMBER OR AGE	NT (X and com	plete as		ENT BY CARRIER'S/CO	
a. I receive	d my property in ap	parently good o	ondition exce	ρt			rently good condition
as indica	and the same of th	uation sheet i <b>not</b> use	ed.		except as	otherwise noted above	/ę.
	ng and removal of p			ns, and		ate tracer action for r	
c. I estimat	e the amount of my				warne or genverin	g carner/agent/contra	n, and
5							
	teived three copies of ist any further loss an						
and give	this to the nearest cli	iims office, and t	that failure to				
	At in my being paid a	smaller amount					
e Telephor	ne Number		f. Date Sign	ed	d. Storage in trans	No No	
g. Signature	e		4		e. Signature		f. Date Signed
DD Form	1840, JAN 88			Prem	ous editions are obsolu	ete.	PAGE OF PAGE

Figure G1-8. Joint Statement of Loss and Damage at Delivery (DD Form 1840)

	NOTICE OF LC	OSS OR DAMAGE	
		DSS OR DAMAGE	
INSTRUCTIONS TO MEMBER: Yo you find any loss or damage not only ball-point pen or typewrite OFFICE NOT LATER THAN 70 REDUCTION OF THE AMOUNT and dated by the claims office.	reported on DD Form THE COMPLETED DAYS FROM DATE PAYABLE ON YOUR	1840 at the time of delivery, cor FORM MUST BE DELIVERED OF DELIVERY. FAILURE TO D CLAIM. Keep a copy of this for	mplete Section A below. Use TO YOUR LOCAL CLAIMS DO SO MAY RESULT IN A m for your records, receipted
		completed by member)	
STATEMENT OF PROPERTY LOSS OR OA     Name of Member (Last, First, Middle II		fied of the loss or damage in the follow b. PPGBL/Order Number	ing shipment of personal property.  c. Date of Delivery
d. Origin of Shipment (City and State/Cou	ntry)	e. Destination of Shipment (City and	(State/Country)
f. You are further notified that pr You are hereby extended an op	portunity to inspect the	e property.	d/or damage.
2. LIST OF PROPERTY LOSS / DAMAGE () a. Inv. No.   b. Name of Item		rested for items listed as missing) n of Loss or Damage (If missing, so ind	E
a. mv. no. b. name of Item	c. General Description	or coss or comage (if missing, so ind	ncare)
	<u> </u>		
		ompleted by claims office) or I contractor listed in item 9 on DD F	orm 1840)
3. TO (Home Office of Carrier/Contractor) a. Name and Address (Street Address, Ci	ty State and 7/0 Code!		b. Date of Dispatch
a and mountain for the result (23), tr	ALCONOMICS SELECTION SELECTION SERVICES		or made an emphasion
4. YOUR REPRESENTATIVE MAY CONTAC	T THIS CLAIMS OFFICE FOR	ASSISTANCE	
a. Name and Address of Claims Officer		b. Signature	
		c. Date Signed	d Telephone Number
DD Form 1840R, JAN 88	Previous	editions are obsolete.	PAGE OF PAGES

Figure G1-9. Notice of Loss or Damage (DD Form 1840R)

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CONSIGNEE  29. DATE RECEIVED/OFFEREDS/gw/ 30. CONDITION  31. REMARKS  TRANS-CONSIGNE  TRANS-CONSIGNE  TOWNS CONN. COMM. ABIN  STREAM RANGE AND TOWNS CONTROL NUMBER  TOWNS CONTR	6. Transt	ship Point		b. Date	300	Bay Whs	d.D	at st	hpd e		ght-Truc	k-Vey Dec No	П	2	tow Loc i. Sp	$\Box$	$\vdash$	natura-Ren	arks
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Figure G1-10. Transportation Control and Movement Document (TCMD) (DD Form 1384)

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